

10/510443

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
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50									
TOTAL IND.	3								
TOTAL DEP.	18								
TOTAL CLAIMS	21								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS